

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

015-011300

Name: ALUMINUM CO. OF AMERICA [] [] [] [] CODE NO.

Pick up Address: 5151 4104 LEWIS (NUMBER) (STREET) (CITY)

Telephone Number: (415) 956-1111 P.O. or Contract No.: 7014 96

Order Placed By: J. H. H. H. H. Date: 8/12/80

Type of Process which Produced Wastes: ALUMINUM FABRICATION [] [] [] [] CODE NO.
(Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

Check type of wastes:

- | | | |
|---|--|---|
| 1. <input type="checkbox"/> Acid solution | 6. <input type="checkbox"/> Tetraethyl lead sludge | 11. <input type="checkbox"/> Contaminated soil and sand |
| 2. <input type="checkbox"/> Alkaline solution | 7. <input type="checkbox"/> Chemical toilet wastes | 12. <input type="checkbox"/> Cannery wastes |
| 3. <input type="checkbox"/> Pesticides | 8. <input type="checkbox"/> Tank bottom sediment | 13. <input type="checkbox"/> Latex waste |
| 4. <input type="checkbox"/> Paint sludge | 9. <input type="checkbox"/> Oil | 14. <input type="checkbox"/> Mud and water |
| 5. <input type="checkbox"/> Solvent | 10. <input type="checkbox"/> Drilling mud | 15. <input type="checkbox"/> Brine |

Other (Specify) ALUMINUM CHLORIDE [] [] [] [] CODE NO.

Components:
Examples: Hydrochloric acid, lime, caustic soda,
phenolics, solvents (list), metals (list),
organics (list), cyanide)

	Upper	Lower	Concentration: %	ppm

Hazardous Properties of Waste:

pH 7.1 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 4 TY ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other (SPECIFY)

Containers: [] [] [] [] ☐ drums ☐ cartons ☐ bags ☒ other TANK (SPECIFY)

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other (SPECIFY)

Special Handling Instructions (if any): NONE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

SFUND RECORDS CTR
999000305 [] [] [] [] CODE NO.

ASBURY OIL CO.
13419 Halldale Ave., Gardena, California 90249
Phone: (213) 321-1392

Pick Up: 9/19/80 (DATE) Time: 3:30 am/pm

State Liquid Waste Hauler's Registration No. (if applicable): 15

Job No.: _____ No. of Loads or Trips: 7 Unit No. 5

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE: [Signature]

Name (print or type): OPERATING LTD [] [] [] [] CODE NO.

Site Address: 171-1000 Park

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

☐ treatment (specify): _____ (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO.

☒ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well

☐ other (specify): _____ CODE NO.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 9/19/80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE: [Signature]

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

K001237

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name

DISPOSAL - STATE COPY